## PLACER COUNTY PLANNING DEPARTMENT HOME OCCUPATION BUSINESS LICENSE QUESTIONNAIRE

ΑĮ	pplicant Business Name
	How many occupants of the residence will be involved in the proposed siness? Non-occupants
2.	How many home occupations (not counting this business) are currently run out of the home?
3.	What type of service will you be providing from your home?
4.	Describe what rooms/buildings will be used in the conduct of the business and how these areas will be used.
5.	Where will supplies/equipment be stored?
6.	Will the business require fuel and/or solevent storage in excess of 5 gallons?
7.	Describe the mechanical/electrical equipment or tools that will be used in connection with the business and where they will be stored on the premises.
8.	Will people come to your home in connection with the business?If yes, how many and how often?
9.	Will you be placing a sign on the property to advertise the business?If yes, what size and location on the property?

10.If trucks or other equipment will be used in your business, where they be parked or stored?	will
11.State the type and tonnage (capacity) of all vehicles associated w business.	ith the
12. Will this "Home Occupation" involve the use of commercial vehicles the delivery of materials to or from the premises? explain and include frequency of deliveries or pick-ups.	icles for If yes,
I have read and understand the performance standards of Section of the Placer County Zoning Ordinance and believe, to the best of knowledge, that my proposed "Home Occupation" would not viola portion of said ordinance. I also acknowledge that a violation of the conditions could lead to code enforcement action and revocation of business license.	my te any hese
Signature of applicant	
Date:	
DEPARTMENT COMMENTS	